

Caremaid Services Limited

Caremaid Services Hampshire

Inspection report

Office 101, The Hub, Business Park
Fowler Ave
Farnborough
GU14 7JF

Tel: 01252302121
Website: www.caremaid.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Caremaid Services Hampshire is a domiciliary care service providing personal care. They were providing the regulated activity of personal care to 21 people on the day of the site visit.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

There was evidence one person had not received safe, dignified and compassionate care from three staff, this was being investigated under multi-agency safeguarding procedures at the time of the inspection.

People spoken with during the inspection, told us they were happy with the service they received. Their feedback included, "They [staff] are all very polite and put me first when they care for me" and "I think it is well managed and the regular checks by the manager do give me confidence."

The provider had not operated robust and effective recruitment processes, to ensure only suitable staff were recruited and any identified risks were managed safely. They had also failed to effectively assess and mitigate risks to people's safety from staff recruitment or to ensure all records relating to people employed were available for review.

The provider had systems, training and processes in place to protect people from abuse. When the safeguarding concerns were raised, the provider commissioned an independent investigation and co-operated with the multi-agency safeguarding process. We have made a recommendation to the provider about accessing guidance on closed cultures.

There were sufficient numbers of trained staff to provide people's care. The provider assessed potential risks to people. Staff received training on how to manage risks to people and infection control. Processes were in place to monitor staff's adherence to their training and guidance. People received their medicines safely from trained and competent staff.

People's needs were assessed and their care and treatment planned in accordance with legal requirements. Staff were provided with relevant training and supervision for their role. People were supported with their eating and drinking. Staff had contacted other services about people's healthcare and equipment needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation about how staff record people's verbal consent to their care.

People we spoke with informed us staff treated them with kindness and dignity. They felt staff understood their needs and respected them. The provider had training and processes in place to guide staff about the standards expected and to monitor their practice. People were supported to express their views and to be involved in decisions about their care. Staff were trained to respect people's privacy and dignity.

People were provided with information about how to make a complaint. People told us they received personalised care which met their needs. There were processes in place to provide people with end of life care where required.

The provider had person centred goals for the service and processes were in place to support the delivery of positive outcomes for people. The registered manager understood their legal responsibilities. The provider had processes in place to seek the views of people and staff about the service.

Rating at last inspection

This service was registered with us on 01 April 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part by a specific incident, which was subject to a safeguarding investigation. The information CQC received about the incident indicated concerns about staff behaviours and how people were treated. This inspection examined those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, caring and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has taken action to mitigate the risks identified during the inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Caremaid Services Hampshire

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 July 2021 and ended on 27 July 2021. We visited the office location on 20 July 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed all the information we had received about the service since they registered with us.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with three care staff, the registered manager who was also the provider and the nominated individual. We reviewed a range of records. These included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider did not operate safe and effective recruitment procedures. Records reviewed showed three of the four staff had commenced their role prior to the receipt of a full Disclosure and Barring Service (DBS) check. The DBS check is important as it gives providers information about any previous cautions or convictions a prospective employee may have, enabling them to make safer recruitment decisions.
- Two staff whose files were reviewed had previous convictions for criminal offences. The provider's risk assessments for these staff pre-dated the DBS disclosure letters which indicated the provider should review the original DBS certificate before they made a recruitment decision. The provider had not reviewed the applicants DBS certificate as part of their risk assessment.
- The provider's risk assessments stated these two staff were to be rostered on double up calls. Records reviewed showed these two staff had been rostered together for one visit. The measures taken to manage these risks were not effective.
- Staff files reviewed did not contain complete information about their full employment history, an explanation for any employment gaps or details of any health condition.

The failure to carry out appropriate employment checks as detailed in Schedule 3 was a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our site visit, the provider submitted evidence of the actions they were taking. The nominated individual and a member of the office staff were due to attend training in recruitment. The provider was also appointing a designated member of staff to oversee the safe recruitment of staff. Existing staff records had been transferred to an online portal, which made checking they had been completed and when they required reviewing easier. The provider confirmed they had suspended the recruitment of new staff until these measures were in place.

- There were sufficient numbers of trained staff to provide people's care. People told us they received their care from regular staff, for the required time. People's feedback included, "They always arrive on time and stay for the full time."
- The registered manager told us most people's care was provided by two staff. Each pair would work together in a small geographical area.
- Staff were required to log in and out of people's calls electronically, the timing and duration of calls logged was monitored by staff in the office and through unannounced spot checks. The system was still relatively new. Records showed staff had been reminded of the importance of logging in and out correctly and any

issues with staff's use of the system had been addressed in their supervision.

Systems and processes to safeguard people from the risk of abuse

- We reviewed evidence which showed three staff had not provided consistent and appropriate care to one person, this was investigated under multi-agency safeguarding procedures. Staff involved had failed to report any concerns to the provider. The registered manager understood their safeguarding responsibilities and commissioned an independent investigation into the allegations raised. Following receipt of the report, the registered manager prepared an action plan to address the report's findings. The registered manager co-operated with the multi-agency safeguarding investigation.
- People spoken with during the inspection told us they felt safe with care staff. Their feedback included, "I do feel very safe with all of them." People were provided with information and contact numbers to enable them to raise concerns in their service user guide.
- The provider had safeguarding and whistleblowing policies to guide staff. The provider required staff to undertake safeguarding adults and children training as part of their induction. Staff also completed training in equality, diversity and anti-discrimination. Staff updated their safeguarding knowledge annually as part of their refresher training. A staff member said, "I have done safeguarding several times, we do it every year" and "if you see something that is not right, inform the manager."
- Staff's safeguarding practice and knowledge were assessed through direct observations of their practice, supervisions, people's feedback and twice weekly reminders to report any concerns. Staff spoken with understood their role and responsibility to safeguard people, report concerns and knew how to whistle blow if required.

We recommend the provider accesses information and guidance about the risks to people from the development of closed cultures.

Assessing risk, safety monitoring and management

- We saw evidence three staff had not followed the provider's moving and handling training. This had placed staff and one person at risk of injury. This was being investigated under safeguarding procedures.
- Staff completed training in moving and handling during their induction and had their moving and handling competence assessed. Staff updated this training annually. A staff member said, "We get practical as well as the theory of moving and handling. You get shown equipment in the [person's] home." Staff's moving and handling practice was monitored during spot checks of their practice. People's care plans provided guidance about any equipment required to provide the person's care safely.
- People's records identified risks to them and how they were to be managed. The risks to people from pressure ulcers had been assessed and staff had body maps to document any skin damage. There was guidance for staff to follow the care plan and to report any issues.
- Staff completed an environmental risk assessment, to identify any risks to the person from their environment. Processes were in place to ensure staff could be updated promptly about any changes to the person's care. The provider had a business continuity plan in place to manage any risks to the continuity of people's care.

Preventing and controlling infection

- We saw evidence three staff had not followed the provider's infection control training or personal protective equipment (PPE) guidance and did not always wear their masks properly or wear an apron to provide one person's care, this placed the person at risk of catching COVID-19. This person's care was being investigated under safeguarding procedures.
- Staff had undertaken infection control training and had access to plentiful supplies of PPE which people confirmed to us staff wore. One person said, "They always wear the full PPE." Staff confirmed they had

completed infection prevention control training and wore the PPE provided. Staff's infection control practice was monitored during spot checks. Issues with one staff's infection control practices had been addressed with them during their supervision and this had been followed up with a spot check of their practice.

- Staff were required to undertake a COVID-19 test weekly and to report the result to the provider. The provider had completed risk assessments for staff at higher risk if they contracted COVID-19.

Using medicines safely

- Staff received training in medicines administration and had their competency assessed. Staff had access to up to date medicines guidance and body maps to inform them where to apply people's topical creams. People had medicine plans which documented staff's role in providing their medicines.
- We noted one person required staff to apply a topical cream they purchased over the counter, this was noted in their records but it was not on their medicines record. Staff should document all medicines support provided for a person. This was brought to the registered manager's attention at the site visit and they advised this would be rectified.
- Staff documented the provision of people's medicines on an electronic medication administration record (MAR), which people confirmed. A person said, "They [staff] always give my tablets and put the details into their mobile phones." Office staff checked care staff's completion of people's MAR, and records showed any gaps were followed up.

Learning lessons when things go wrong

- The registered manager who was the provider had taken the required actions to keep people safe whilst the safeguarding concerns raised about one person's care were investigated. They also recognised the need for the investigation to be completed independently. They had prepared an action plan in response to the learning identified within the independent report.
- Staff spoken with understood their responsibility to report any concerns or safety incidents. Staff completed a competency assessment following their induction, which included their role, duties, safeguarding and reporting. The registered manager told us in addition to their training, staff were provided with a guide to all the provider's policies for reference. People's care plans documented the need to report any issues to the office and staff were contacted weekly and asked if they had any issues to raise. Records showed office staff had been reminded in April 2021 of the need to ensure any issues were identified at the daily handover and actioned.
- The registered manager told us of an incident earlier in the year, which was investigated. The issue was addressed with the individual staff member through supervision and all staff were reminded to report to the office any incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider obtained copies of commissioners assessments to inform their care planning and the provision of people's care. The provider following receipt of the commissioners assessment ensured staff completed an assessment of the person's needs, which was signed off by the registered manager. In addition to the care plan, staff were provided with a summary of the person's care needs, personal details, medical history, planned outcomes from care, details of the dates, times and duration of the calls planned and details of the care required.
- People's care was delivered in line with legislation and guidance. For example, the providers policies referenced relevant legislation, guidance and provided further reading for staff. People's rights were set out in the service user guide.

Staff support: induction, training, skills and experience

- Staff underwent an induction to their role, and completed the social care industry standard induction, the 'Care Certificate.' Eleven out of 12 staff had completed the Care Certificate and the twelfth was in the process of completing it. Staff completed a competency assessment following their induction to test their knowledge and had observations of their practice.
- Staff completed training relevant to the needs of the people they cared for, such as how to support people with learning disabilities and dementia. Staff updated their training annually. Staff had supervisions, unannounced spot checks of their practice and an annual appraisal of their work. People told us they felt care staff had the required skills to provide their care. Their feedback included, "I do think they do know what they are doing, certainly when they do my personal care" and "They know exactly what they doing and I can't fault them."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff supported them with their meals and drinks where required. Their feedback included, "They [staff] sort out and reheat my meals for me and always make sure I have plenty of drinks available. They always make sure I have a choice."
- Staff's training included fluids and nutrition. Where staff prepared people's meals, their records documented how people were to be supported to make choices about their meals. Their favourite foods were noted, alongside any foods which were not in accordance with the person's religion or culture. People's records noted if they required assistance with cutting food up or eating and whether foods needed to be pureed.
- Staff were instructed to ensure people were provided with sufficient fluids. The registered manager advised people had been provided with company branded water jugs, to remind them of the need to drink

regularly, especially during hot weather.

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- People's care plans documented their support needs in relation to their oral healthcare. People's physical and mental health needs had been documented. Staff were provided with 'pocket' guidance for easy reference on areas such as signs of a stroke, heart attack or a urinary tract infection, to ensure they knew the action to take. People told us they were confident staff would support them if required to ensure their health needs were met. People's feedback included, "I am sure they would arrange medical appointments for me if I needed them."
- There was evidence people had been referred to external agencies such as health professionals and equipment services as required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff completed MCA training as part of their induction and those spoken with understood the application of the MCA in their day today work with people. They had access to the providers MCA policy for guidance. People's records contained a MCA assessment to document assessments in the event a person lacked capacity to make a specific decision.
- People signed their consent to the care and treatment provided. We noted one person's consent to care and treatment form had been signed by their relative. Although records demonstrated this person had participated in their assessment and had capacity to consent to their care, staff advised they themselves could not physically sign the consent form. We discussed this with the registered manager who understood staff should have documented the person's verbal consent. They advised they would address this with staff.

We recommend the provider reviews good practice guidance for the recording of people's consent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We reviewed evidence which showed three staff were not consistently kind, caring or empathetic towards one person and did not consistently treat them with dignity and respect. They did not always understand the need to ensure this person's privacy and dignity were maintained. This had a negative impact on the person's welfare and human rights. These staff had failed to take account of the person's protected characteristics under the Equality Act 2010. This was being investigated under multi-agency safeguarding procedures.
- People we spoke with during the inspection all told us staff were kind and caring in their interactions with them. Their feedback included, "The care I get is good. They think about me and what I need. They are all very polite and put me first when they care for me" and "The carers who come to see me are very caring and I am really satisfied with them."
- People's care records provided staff with information about the person, their history, preferences about their care and expected outcomes. Staff spoken with knew the people they cared for. A staff member said, "We get information about people, you have to read the care plan before you go in." They also told us, "They [people] have their rights and they must be respected."
- Staff completed training on their role during their induction, which included communication, equality and diversity, privacy and dignity. The provider had processes in place to monitor staff's behaviours, through their induction processes, training, observations and feedback sought from people.
- The registered manager told us people without a family were sent a birthday card and flowers to mark their special day. When care staff did something extra for a person they noted it on an on-line form to encourage these behaviours.

Supporting people to express their views and be involved in making decisions about their care

- People's expected outcomes from the provision of their care were documented in their care plans. They noted how staff were to promote people's choices to enable them to have control over their daily life and activities and ensure a personal sense of significance.
- People told us staff asked for their consent before they provided their care. Their feedback included, "They also make sure I am happy with what they do for me and they always ask me if they can start my personal care" and "They always follow my relative's requests."
- People's care plans demonstrated they had been involved in making decisions about their care and how they wanted it to be provided. One person's care plan had been delayed as staff had respected the person's desire to have their family member involved in its preparation. One person's records documented they had capacity to make decisions about their own care, but liked their relatives input. This made it clear for staff

about who to involve.

- People told us they did not experience rushed care. Their feedback included, "Nothing is rushed."
- People were provided with a copy of the service user guide to enable them to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect. Their feedback included, "They [staff] treat me with real respect and nothing is too much trouble for them. They are very polite and will chat with me. It is nice to talk people who bring me news of what is happening" and "The carers show [relative] great respect which I appreciate."
- Staff completed training in treating people with respect and dignity as part of their induction and had access to the providers' dignity and respect policy.
- People's care plans documented what aspects of care they required support with and how their independence was to be promoted. Staff told us, "We keep encouraging people to do what they can for themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's records demonstrated they or those they wished to represent them were involved in planning their care and support. People told us, "I do think they really understand my needs" and "This care package was planned when I came out of hospital and suits my needs perfectly."

The registered manager told us "Clients have access to PASS (provider's electronic records system) and have a printed copy of their care plan." People confirmed, "I have a copy of my plan which I can check."

- People's needs were documented in relation to their care and included their personal history and preferences. For example, one person could choose their clothes for the day with staff support and another person liked water placed beside their bed at night. People's records noted for each identified need, their planned outcome and how this was to be achieved. People's care plans recognised what they could do for themselves.

- The provider was able to demonstrate there had been regular reviews of people's care, to consider if any changes to the care plan were required, gather feedback on the care provided and to agree any resulting actions. People confirmed, "They do regular review to make sure we don't need any changes."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured people's communication needs were noted within their care plan, to enable them to identify if anyone needed information provided in a different format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us the service was not currently commissioned to support anyone to pursue any activities outside their home. People's records did note those who were significant to them.

Improving care quality in response to complaints or concerns

- The provider's records showed no complaints were logged since they registered the location on 1 April 2021. The provider's complaints policy was detailed for people in their service user guide. People spoken with told us they had not had cause to complain but reported they felt able to raise any issues.

End of life care and support

- The provider had an end of life care plan for use with people as required. This assessed their care needs, comfort and preferences for their care at this time. They also had relevant guidance available for staff. People's records noted if they had a Do not attempt cardiopulmonary resuscitation ((DNACPR) in place and if they did, where it was kept. In the event this information needed to be shared with health professionals.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had not identified the issues we found in relation to recruitment at this inspection. Staff recruitment records were not all available as legally required. The registered manager told us they had audited staff files until the pandemic started but then asked the nominated individual and a member of the office staff to complete these audits.

The failure to assess and mitigate these risks to people's safety or to ensure records relating to people employed were available were breaches of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our site visit, the registered manager informed us they had started to audit staff's recruitment files across all three of their locations and had not identified any further issues. They had also introduced a new system to enable them to ensure relevant checks had been completed. The provider applied for a new DBS certificate for one member of staff and CQC was provided with a copy.

- Processes were in place to monitor the delivery of people's care through audits of their care records, medicine records, reviews, quality checks and spot checks on staff's practice. The registered manager maintained a 'dashboard' of the service to monitor various aspects, such as the number of care hours provided, any, safeguarding's, missed calls, complaints, number of staff recruited, medication errors, spot checks and quality assurance calls.
- The provider had resources in place to support the staff team. They had 'pool' cars available in the event a carers car broke down and staff could be re-deployed if required from other branches to support each other.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was also the provider of the service. They were the registered manager for all three of their locations and were supported in their role by the nominated individual and senior staff in each location. The registered manager understood their legal responsibilities and was a member of external professional networks, to ensure they kept their knowledge up to date.
- The registered manager had informed the Care Quality Commission of notifiable incidents such as safeguarding.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People told us they were happy with the service they received and felt the service was well managed. Their feedback included, "We are very happy with the service we get. The office is very supportive and I think that the service is well managed" and "I am happy with the service I get."
- The provider's statement of purpose and service user guide set out the provider's vision for the service. Evidence reviewed showed three staff had not demonstrated the provider's values of providing people with dignity, privacy and safe care to one person. Staff completed training on their role during their induction, which included their responsibilities, standards of practice required and duty of care. The registered manager had processes in place to monitor the culture of the service and to monitor staff's performance.
- Processes were in place to motivate staff, such as the provider's carer of the month scheme. Staff spoken to felt happy in their role and well supported by the provider.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the nominated individual were open to feedback and acknowledged when things had gone wrong and took swift action in response to our feedback.
- The provider had a duty of candour policy, which set out staff's responsibility to report incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views on their care were sought through telephone quality checks, reviews of care, and spot checks on staff's practice. In addition people were due to be sent an annual questionnaire once the location had been operational for a year. People told us, "We get a visit from the manager for a one-hour chat about every three months."
- The registered manager provided evidence to demonstrate people's feedback was listened to and acted upon. Staff were able to provide their feedback on the service through their supervisions and staff meetings. The registered manager told us they had an open-door policy and encouraged staff to make contact with them about any issues.

Working in partnership with others

- The service worked with key organisations to support care provision and to address any issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not have robust recruitment procedures which ensured prospective staff were suitable to work with people and provide a regulated activity.